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APPLICATION FORM

Please tell us why you are filling this form in:

- ☐ Larrakia Membership and Proof of Aboriginality
Note: You must be a Member of Larrakia Nation Aboriginal Corporation to obtain Proof of Aboriginality.
- ☐ Change of Membership Details

Title:			
Surname:			
First Name:			
Middle Name:			
Date of Birth*:		Birth Certificate Attached	Yes/No
Place of Birth			
First Line of Address:			
Suburb/City:			
State:		Postcode:	
Phone Contact:			
Email:			

*Provision of a birth certificate is mandatory for assessment. Date of Birth is a requirement of ORIC Associate members (U'18) will automatically become full members when they reach the age of 18

I declare that I am eligible for membership in accordance with Rule 3.1

And I am a member of the _____ Larrakia Family Group

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

It is hereby confirmed that the above-named applicant has provided sufficient evidence to indicate that he/she is recognised as being of Larrakia and Aboriginal descent.

Chairperson:
Signature:
Director:
Signature:
Date of Board Meeting:
Membership Identification Number:
Data Entered by:
Signed & Dated:

Affix common seal

LARRAKIA FAMILY GROUP TREE

APPLICANT'S NAME _____

Please circle family group – Batcho, Cubillo, Fejo, McLennan, Raymond/Mills, Roman/Danks, Shepherd, Brown/Talbot/Kenyon

<div>Maternal Great Grandparents</div> <div><div></div><div></div><div></div><div></div></div>	<div>Paternal Great Grandparents</div> <div><div></div><div></div><div></div><div></div></div>	<div>Maternal Great Grandparents</div> <div><div></div><div></div><div></div><div></div></div>	<div>Paternal Great Grandparents</div> <div><div></div><div></div><div></div><div></div></div>
<div>Mother's Parents</div> <div><div></div><div></div></div>		<div>Father's Parents</div> <div><div></div><div></div></div>	
<div>Mother</div> <div><div></div></div>		<div>Father</div> <div><div></div></div>	
<div>Applicant</div> <div><div></div></div>			